



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH MOORESVILLE

City of Hospital: Mooresville

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Ben Laker

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Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$122881482
Outpatient Patient Service Revenue	\$433364357
Total Gross Patient Service Revenue	\$556245839

2. Deductions From Revenue

Contractual Allowance	\$404158773
Other Deductions	\$15274203
Total Deductions	\$419432976

3. Total Operating Revenue

Net Patient Service Revenue	\$136812863
Other Operating Revenue	\$6749600
Total Operating Revenue	\$143562463

4. Operating Expenses

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Salaries and Wages	\$28962821	Employee Benefits	\$6570245
Depreciation and Amortization	\$6541160	Interest Expense	\$0
Bad Debt	\$636116	Other Expenses	\$53791637
Total Operating Expenses	\$96501979		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$47060484	Total Assets	\$85054474
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-8990844
Total Net Gains	\$47060484		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$267752284	\$225471155	\$42281129
Medicaid	\$60960231	\$40092705	\$20867526
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$227533324	\$153869115	\$73664209
Total	\$556245839	\$419432975	\$136812864

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2493651	
HCI Payments	\$0		
Subtotal	\$0	\$2493651	\$-2493651
Medicaid Shortfalls	\$17090812	\$18587256	
Subtotal	\$17090812	\$21080907	\$-3990095
DSH Payments	\$0		

	Subtotal	\$17090812	\$21080907	\$-3990095
Medicare Shortfalls		\$42746767	\$43232980	
Other Government Programs		\$0	\$0	
	Total	\$59837579	\$64313887	\$-4476308

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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